2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012098

Entity Name: CUTLIP FINANCIAL INSURANCE SERVICES, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8462 NORTHCLIFFE BLVD.

8024 SPRING HILL DRIVE
SUITE C

8024 SPRING HILL, FL 34606 US

SPRING HILL, FL 34606 US

Current Mailing Address: New Mailing Address:

8462 NORTHCLIFFE BLVD.

SUITE C

SPRING HILL, FL 34606 US

8024 SPRING HILL DRIVE

SPRING HILL, FL 34606 US

FEI Number: 56-2287100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUTLIP, DEBORAH J

8462 NORTHCLIFFE BLVD.

SUITE C

SPRING HILL, FL 34606 US

CUTLIP, DEBORAH J

8024 SPRING HILL DRIVE

SPRING HILL, FL 34606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORAH J CUTLIP 04/20/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CUTLIP, DEBORAH J Name: CUTLIP, DEBORAH J Address: 8462 NORTHCLIFFE BLVD. SUITE C Address: 8024 SPRING HILL DRIVE

City-St-Zip: SPRING HILL, FL 34606 US SPRING HILL, FL 34606 US SPRING HILL, FL 34606 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 CUTLIP, DANA L
 Name:
 CUTLIP, DANA L

 Address:
 8462 NORTHCLIFFE BLVD. SUITE C
 Address:
 8024 SPRING HILL DRIVE

Address: 8462 NORTHCLIFFE BLVD. SUITE C Address: 8024 SPRING HILL DRIVE City-St-Zip: SPRING HILL, FL 34606 US City-St-Zip: SPRING HILL, FL 34606 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH J CUTLIP PRES 04/20/2007